

**OPEN COUNTY APPLICATION
REGISTERED MARIJUANA DISPENSARIES**

APPLICATION RESPONSE FORM COVER PAGE

Make this the first page of your response

Corporation

The applicant corporation's legal name, trade name, and any other name under which the bidding entity does business (if any): []

Website URL (if applicable): []

Address:

[]

[]

City: [] State: [] Zip: []

CEO (Chief Executive Officer)/Executive Director (ED)

First Name: [] Last Name: []

FEIN: []

Contact Person

First Name: [] Last Name: []

Title: []

Telephone: () - FAX: () - E-Mail: []

Contact Person Address (if different):

[]

[]

City: [] State: [] Zip: []

Proposed Locations of Dispensary Site

Site #1 City/Town: _____ County: _____

Site #2 City/Town: _____ County: _____

Required Signatures

Signed under the pains and penalties of perjury, the authorized signatory agrees that all information included in this application is complete and accurate.

Name:

Date

Title:

I hereby attest that if the corporation is approved for a provisional RMD certificate of registration, the corporation is prepared to pay a non-refundable registration fee of \$50,000, as specified in 105 CMR 725.000, within two weeks of being notified that the RMD has been selected for a provisional registration.

Name:

Date

Title

FORM 1: PROPOSED LOCATION(S) – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana will be cultivated or processed. If no property has been secured, list the name of the city or town and county where the RMD would be located.

Attach supporting documents as evidence of interest in the property by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises. If a location has not been secured, indicate N/A in the text box.

Indicate whether a letter of support or non-opposition has been furnished by the local municipality (see Form 2).

	Location	Full Address	County	Description of Evidence of Interest Submitted	Evidence of Local Support or Non-Opposition
1	Dispensing				Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Cultivation				Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Processing				Yes <input type="checkbox"/> No <input type="checkbox"/>

FORM 1: PROPOSED LOCATION(S) – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana will be cultivated or processed. If no property has been secured, list the name of the city or town and county where the RMD would be located.

Attach supporting documents as evidence of interest in the property by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises. If a location has not been secured, indicate N/A in the text box.

Indicate whether a letter of support or non-opposition has been furnished by the local municipality (see Form 2).

	Location	Full Address	County	Description of Evidence of Interest Submitted	Evidence of Local Support or Non-Opposition
1	Dispensing				Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Cultivation				Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Processing				Yes <input type="checkbox"/> No <input type="checkbox"/>

FORM 2: LETTER OF SUPPORT OR NON-OPPOSITION – Dispensary Site #1

Corporation Name: _____

Proposed County of Dispensary Site: _____

Attach a letter of support or non-opposition, **using one of the attached templates**, signed by the local municipality in which the applicant intends to locate a dispensary, if the letter is available. The applicant may choose to use the CEO/CAO or Board template, in consultation with the host community. If the applicant is proposing a dispensary location plus a separate cultivation/processing location, the applicant must complete and submit a letter of support or non-opposition from both municipalities, if the letters are available. If the applicant is proposing two sites for their dispensary, letters must be submitted for each proposed county, if the letters are available. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality; or (c) the Board of Health in the desired municipality. **The letter of support or non-opposition must contain the language from the template. The letter must be printed on the municipal official's letterhead.**

If the applicant is unable to secure a letter of support or non-opposition, please explain in the text box below. Otherwise, leave the text box blank.

[Enter text here: text limit 9,000 characters]

FORM 2: LETTER OF SUPPORT OR NON-OPPOSITION – Dispensary Site #2

Corporation Name: _____

Proposed County of Dispensary Site: _____

Attach a letter of support or non-opposition, **using one of the attached templates**, signed by the local municipality in which the applicant intends to locate a dispensary, if the letter is available. The applicant may choose to use the CEO/CAO or Board template, in consultation with the host community. If the applicant is proposing a dispensary location plus a separate cultivation/processing location, the applicant must complete and submit a letter of support or non-opposition from both municipalities, if the letters are available. If the applicant is proposing two sites for their dispensary, letters must be submitted for each proposed county, if the letters are available. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality; or (c) the Board of Health in the desired municipality. **The letter of support or non-opposition must contain the language from the template. The letter must be printed on the municipal official's letterhead.**

If the applicant is unable to secure a letter of support or non-opposition, please explain in the text box below. Otherwise, leave the text box blank.

[Enter text here: text limit 9,000 characters]

LETTER OF SUPPORT OR NON-OPPOSITION TEMPLATE FOR MUNICIPAL CEO/CAO

Use this language if signatory is a Chief Executive Officer/Chief Administrative Officer

I, [Name of person], do hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary (“RMD”) in [name of city or town].

I have verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual

Signature

Date

LETTER OF SUPPORT OR NON-OPPOSITION TEMPLATE FOR COUNCIL OR BOARD

Use this language if signatory is acting on behalf of a City Council, Board of Alderman, Board of Selectman or Board of Health

The [name of council/board], does hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary in [name of city or town]. I have been authorized to provide this letter on behalf of the [name of council/board].

The [name of council/board] has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual (or person authorized to act on behalf of council or board) *(add more lines for names if needed)*

Signature *(add more lines for signatures if needed)*

Date

FORM 3: LOG OF ENGAGEMENT ACTIVITIES WITH LOCAL OFFICIALS AND STAKEHOLDERS – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Outline your organization's efforts to obtain support or non-opposition and efforts to develop a positive relationship in the municipality or municipalities in which the applicant intends to locate a dispensary and the additional location if any, where marijuana will be cultivated or processed. If the sites are in different municipalities, provide information related to each community.

Date	Type of Contact (Phone call, in-person meeting etc.)	City/Town	Attendees (Individual and/or group/organization names)	What was Discussed
<i>Add more rows if needed</i>				

FORM 3: LOG OF ENGAGEMENT ACTIVITIES WITH LOCAL OFFICIALS AND STAKEHOLDERS – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Outline your organization's efforts to obtain support or non-opposition and efforts to develop a positive relationship in the municipality or municipalities in which the applicant intends to locate a dispensary and the additional location if any, where marijuana will be cultivated or processed. If the sites are in different municipalities, provide information related to each community.

Date	Type of Contact (Phone call, in-person meeting etc.)	City/Town	Attendees (Individual and/or group/organization names)	What was Discussed
<i>Add more rows if needed</i>				

FORM 4: COMMUNITY NARRATIVE – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide a narrative, in the text box, describing the applicant's plan to continue to develop and maintain a positive relationship in each community in which the proposed RMD would be located.

[Enter text here: text limit 6,000 characters]

FORM 4: COMMUNITY NARRATIVE – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide a narrative, in the text box, describing the applicant's plan to continue to develop and maintain a positive relationship in each community in which the proposed RMD would be located.

[Enter text here: text limit 6,000 characters]

FORM 5: PATIENT POPULATION NARRATIVE – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide a narrative, in the text box, defining the applicant's service area and provide an analysis of the projected patient population and projected need in the service area of the proposed RMD, including the applicant's strategy for delivering culturally competent and linguistically appropriate services.

[Enter text here: text limit 4,000 characters]

FORM 5: PATIENT POPULATION NARRATIVE – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide a narrative, in the text box, defining the applicant's service area and provide an analysis of the projected patient population and projected need in the service area of the proposed RMD, including the applicant's strategy for delivering culturally competent and linguistically appropriate services.

[Enter text here: text limit 4,000 characters]

FORM 6: RMD START-UP TIMELINE – Dispensary Site #1

Corporation Name: _____ County of Proposed Dispensary Site: _____

Key Benchmarks	Due Dates	Person Responsible	Risk Level If Not Completed on Time	Date RMD Opens
				XXX
<i>Add more rows if needed</i>				

FORM 6: RMD START-UP TIMELINE – Dispensary Site #2

Corporation Name: _____ County of Proposed Dispensary Site: _____

Key Benchmarks	Due Dates	Person Responsible	Risk Level If Not Completed on Time	Date RMD Opens
				XXX
<i>Add more rows if needed</i>				

FORM 7: CAPITAL EXPENSES – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide projected capital expenses to build out both the proposed dispensary and cultivation or processing facilities.

	Expense Type	Costs	Explanation of Expense
	Planning and Development		
1	Architect and design fees	\$	
2	Environmental survey	\$	
3	Permits and Fees	\$	
4	Security assessment	\$	
5	Land/building cost	\$	
6	Site clean-up and preparation	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	Build-out Costs		
1	Construction expenses	\$	
2	Painting and finishes	\$	
3	Security system	\$	
4	Landscape work	\$	
5	Parking facility	\$	
6	Other- describe	\$	
7	_____	\$	
8	_____	\$	
9	_____	\$	
	Equipment Costs		
1	Vehicles and transportation	\$	
2	Cultivation equipment	\$	
3	Furniture and storage needs	\$	
4	Computer equipment	\$	
5	HVAC	\$	
6	Kitchen/food prep equipment	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	TOTAL	\$	

FORM 7: CAPITAL EXPENSES – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide projected capital expenses to build out both the proposed dispensary and cultivation or processing facilities.

	Expense Type	Costs	Explanation of Expense
	Planning and Development		
1	Architect and design fees	\$	
2	Environmental survey	\$	
3	Permits and Fees	\$	
4	Security assessment	\$	
5	Land/building cost	\$	
6	Site clean-up and preparation	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	Build-out Costs		
1	Construction expenses	\$	
2	Painting and finishes	\$	
3	Security system	\$	
4	Landscape work	\$	
5	Parking facility	\$	
6	Other- describe	\$	
7	_____	\$	
8	_____	\$	
9	_____	\$	
	Equipment Costs		
1	Vehicles and transportation	\$	
2	Cultivation equipment	\$	
3	Furniture and storage needs	\$	
4	Computer equipment	\$	
5	HVAC	\$	
6	Kitchen/food prep equipment	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	TOTAL	\$	

FORM 8: YEAR-ONE OPERATING BUDGET – Dispensary Site #1

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide the proposed year-one RMD operating budget, including projected revenues by sales type, line item operating expenses, and budget assumptions.

Budget Period: _____ to _____

Projected Number of Patients: _____ and Number of Visits: _____

		Year ONE Budget	Budget Notes ¹
REVENUE			
1	Medical Marijuana sales	\$	
2	Other supplies sold	\$	
3	Other revenue sources	\$	
A	TOTAL REVENUE:	\$	
PAYROLL EXPENSES			
	Personnel Category	# FTE	
1	xxx ²	\$	
2	xxx	\$	
3	xxx	\$	
B	TOTAL SALARIES	\$	
C	Fringe Rate and Total	%	\$
D	TOTAL SALARIES PLUS FRINGE (B+C)	\$	
OTHER EXPENSES			
1	Consultants	\$	
2	Equipment	\$	
3	Supplies	\$	
4	Office Expenses	\$	
5	Utilities	\$	
6	Insurance	\$	
7	Interest	\$	
8	Depreciation/Amortization	\$	
9	Leasehold Expenses	\$	
10	Bad Debt	\$	
11	xxx	\$	
12	xxx	\$	
13	xxx	\$	
14	xxx	\$	
E	TOTAL OTHER EXPENSES	\$	
F	TOTAL EXPENSES: (D+E)	\$	
	VARIANCE (A-F)	\$	

¹ Enter short explanation of expenses

² Enter detail as appropriate for the applicant and more rows as needed

FORM 8: YEAR-ONE OPERATING BUDGET – Dispensary Site #2

Corporation Name: _____

County of Proposed Dispensary Site: _____

Provide the proposed year-one RMD operating budget, including projected revenues by sales type, line item operating expenses, and budget assumptions.

Budget Period: _____ to _____

Projected Number of Patients: _____ and Number of Visits: _____

		Year ONE Budget	Budget Notes ³
REVENUE			
1	Medical Marijuana sales	\$	
2	Other supplies sold	\$	
3	Other revenue sources	\$	
A	TOTAL REVENUE:	\$	
PAYROLL EXPENSES			
	Personnel Category	# FTE	
1	xxx ⁴	\$	
2	xxx	\$	
3	xxx	\$	
B	TOTAL SALARIES	\$	
C	Fringe Rate and Total %	\$	
D	TOTAL SALARIES PLUS FRINGE (B+C)	\$	
OTHER EXPENSES			
1	Consultants	\$	
2	Equipment	\$	
3	Supplies	\$	
4	Office Expenses	\$	
5	Utilities	\$	
6	Insurance	\$	
7	Interest	\$	
8	Depreciation/Amortization	\$	
9	Leasehold Expenses	\$	
10	Bad Debt	\$	
11	xxx	\$	
12	xxx	\$	
13	xxx	\$	
14	xxx	\$	
E	TOTAL OTHER EXPENSES	\$	
F	TOTAL EXPENSES: (D+E)	\$	
	VARIANCE (A-F)	\$	

³ Enter short explanation of expenses

⁴ Enter detail as appropriate for the applicant and more rows as needed

FORM 9: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS – Dispensary Site #1

Provide the three-year business plan for the RMD, including revenues and expenses.

Corporation Name: _____ County of Proposed Dispensary Site: _____

Fiscal Year Time Period: _____ Projected Start Date for the First Full Fiscal Year: _____

	FIRST FULL FISCAL YEAR PROJECTIONS 20__	SECOND FULL FISCAL YEAR PROJECTIONS 20__	THIRD FULL FISCAL YEAR PROJECTIONS 20__
Projected Revenue	\$	\$	\$
Projected Expenses	\$	\$	\$
VARIANCE:	\$	\$	\$
Number of unique Patients for the year	xx	xx	xx
Number of Patient Visits for the year	xx	xx	xx
Projected % of patient growth rate annually	---	xx%	xx%
Estimated purchased <u>ounces per visit</u>	xx	xx	xx
Estimated cost <u>per ounce</u>	xx	xx	xx
Total FTE in staffing	xx FTE	xx FTE	xx FTE
Total Medical Marijuana Inventory for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana sold for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana left for roll over	xx Lbs.	xx Lbs.	xx Lbs.

FORM 9: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS – Dispensary Site #2

Provide the three-year business plan for the RMD, including revenues and expenses.

Corporation Name: _____ County of Proposed Dispensary Site: _____

Fiscal Year Time Period: _____ Projected Start Date for the First Full Fiscal Year: _____

	FIRST FULL FISCAL YEAR PROJECTIONS 20__	SECOND FULL FISCAL YEAR PROJECTIONS 20__	THIRD FULL FISCAL YEAR PROJECTIONS 20__
Projected Revenue	\$	\$	\$
Projected Expenses	\$	\$	\$
VARIANCE:	\$	\$	\$
Number of unique Patients for the year	xx	xx	xx
Number of Patient Visits for the year	xx	xx	xx
Projected % of patient growth rate annually	---	xx%	xx%
Estimated purchased <u>ounces per visit</u>	xx	xx	xx
Estimated cost <u>per ounce</u>	xx	xx	xx
Total FTE in staffing	xx FTE	xx FTE	xx FTE
Total Medical Marijuana Inventory for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana sold for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana left for roll over	xx Lbs.	xx Lbs.	xx Lbs.